

# Chest Radiographic Evaluation of Patients with Latent TB Infection or Confirmed/Suspected TB Disease

## Policy TB01-001

Revised January 2009

This policy replaces all previous statements from the Division of Disease Prevention, TB Control and Prevention Program (DDP-tb) relating to the use of chest radiography in the evaluation of patients with TB infection, confirmed or suspected TB disease.

### I. Background and Rationale

For many years, DDP-tb maintained a chest radiography program that enabled districts with low or intermediate prevalence of TB to provide x-ray interpretation and treatment recommendations at no charge to their clients with TB disease or infection. Health districts with higher prevalence of TB assumed responsibility for this service long ago. Changes in national guidelines prompted re-examination of this policy with an aim toward intensifying the DDP-tb focus on activities of higher priority in TB control. In January 2001, DDP-tb implemented a revised chest radiography program.

The current policy revision was undertaken to streamline the prior version, enhance clarity, and make needed language and formatting changes. This revised policy now includes the information from "**Procedure for Obtaining Reimbursement for Eligible Chest X-rays,**" which was previously posted as a separate document.

### II. Scope and Coverage

**A)** This program is open to all health districts in Virginia that participated in the previous chest radiograph program. By participating in this program, the Health District agrees that no processing fees or other types of co-payment will be billed to or collected from clients in return for arranging for a radiograph obtained under this program.

**B)** DDP-tb will continue to provide financial support for chest radiographs obtained for **selected** tuberculosis-related indications. This support will be provided under a system of reimbursement whereby districts will receive a fixed amount (see **Section VI** below) for each film that meets **at least one of the following eligibility criteria:**

1. Patients with symptoms suggestive of TB disease, regardless of the tuberculin reaction. These symptoms include, but are not limited to: cough of duration greater than 3 weeks, fever, night sweats, unexplained weight loss, and/or hemoptysis.

2. Selected contacts of persons with active TB disease who meet one or more of the following criteria:

- a) a new, significant reaction (>5mm induration) in the tuberculin skin test in contacts who are designated as high priority or who are part of a high priority investigation,
- b) symptomatic for tuberculosis,
- c) immunosuppressed, regardless of symptoms or tuberculin reaction, or
- d) children 4 years of age and under, regardless of symptoms or tuberculin reaction

Note that districts will **not** be reimbursed for CXRs done as part of an expanded contact investigation unless prior approval has been obtained from DDP-tb.

3. Patients with confirmed or suspected pulmonary tuberculosis who are currently undergoing evaluation or treatment and require films to assess the clinical course of disease. Reimbursement under this indication will be limited to two films per patient. Additional studies will be approved after consultation with either the physician or nurse consultant from DDP-tb.

4. Patients who have completed a course of treatment for confirmed or suspected tuberculosis and in whom a final film is required to establish a new baseline and to document the extent of residual abnormalities. (This is in addition to the films permitted under item 3)

5. Patients with a history of old TB infection or treated and cured tuberculosis disease who have current symptoms suggestive of TB disease.

6. Patients with a history of MDR-TB that has been treated and cured, but who require ongoing follow-up to document the lack of recurrence.

7. Newly arrived immigrants and refugees, belonging to TB Class A, B1, or B2, in whom a radiograph is indicated to confirm status.

8. Patients with confirmed or suspected (based on documented risk factors) HIV infection who are found to be recently co-infected with *M. tuberculosis*.

9. Patients in other categories, only after prior consultation with one of the following individuals in the DPP-tb office: Margaret (Peg) Tipple, MD (Director), Jane L. Moore (Nurse Consultant) or Brenda Mayes (Nurse Consultant). DDP-tb staff can be reached at 804-864-7906 during business hours (M-F, 8:30am-4:30pm).

### **III. Chest Radiographic Services Not Covered Under This Policy**

Each health district may decide, at its discretion, to offer films for additional indications and at whatever cost to the client as established by VDH policy. Reimbursement from DDP-tb will be made only for those films meeting the criteria outlined above.

### **IV. Treatment Recommendations and Medical Consultations**

**A)** Responsibility for making treatment recommendations and orders based on a clinical evaluation of the patient and chest radiograph will ultimately rest with a locally based physician or clinician of record.

**B)** DDP-tb will continue to welcome all requests for clinical consultation. There is no current requirement that DDP-tb review the management of all TB cases in the state with the exception of cases resistant to rifampin, with multiple drug resistance, cases of potential relapse or reactivation or any circumstance involving a deviation from standard treatment guidelines.

### **VI. Rates of Reimbursement**

**Effective January 1, 2002, the rate of reimbursement reverted to the prevailing Medicaid reimbursement rate for the radiograph with an interpretation.** DDP-tb will reimburse at the 2002 Medicaid rate which is Single View \$19.81 and Dual View \$25.69 until the prevailing Medicaid rate equals or exceeds the 2002 rate. The 2002 rate is higher than the current Medicaid reimbursement rate.

### **VII. Procedure for Obtaining Reimbursement for Eligible Chest X-rays**

**A)** Requests for reimbursement from eligible health districts should be forwarded to the Division of Disease Prevention, TB Control & Prevention program (DDP-tb) on a monthly basis in the form of an agency transfer voucher (ATV). The ATV form should include the total amount requested and local district accounting codes. Once charges are verified, DDP-tb will enter central office codes and the completed ATV will be submitted to the fiscal office for payment. DDP-tb will not honor any ATVs that are submitted directly to the fiscal office.

**B)** The ATV request must be accompanied by adequate supporting documentation. At a minimum, each film covered by the ATC must include a copy of either the TB 512 or the TB Intake sheet. The TB Health History form is **NOT** acceptable supporting documentation.

**C)** Indicate the applicable eligibility criteria (**see Section IIB**) at the top of the TB 512 or Intake Sheet for each individual submitted.

*January 2009*